
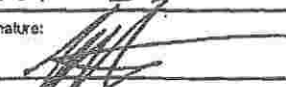


# EXHIBIT “B”

|  |  |                          |                                  |  |  |   |  |   |  |   |  |
|--|--|--------------------------|----------------------------------|--|--|---|--|---|--|---|--|
| Paterson Police Department   |  |                          |                                  |  | Municipal Code<br>NJ-001608                            |   | USE OF FORCE<br>REPORT   |   | 1. FILE CONTROL NUMBER<br><b>209001306</b>   |   |  |
| 2. DATE OF REPORT<br><b>1/5/19</b>   |  | 3. DAY/W<br><b>7</b>     | 4. TIME OF REPORT<br><b>0413</b> |  | 5. DIV.<br><b>Patrol</b>                               | 6. DIST.<br><b>107</b>  |  |   |  |   |  |
| 10. TYPE OF CRIME/INCIDENT<br><b>EDP</b>   |  |                          |                                  | 11. APT.#<br><b>-</b>  | 12. LOCATION OF CRIME /INCIDENT<br><b>111 Broadway</b> |   |  |   | <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE              | 13. TAVERN NUMBER   |  |
| 14. TIME OF OCCURRENCE<br><b>0413</b>  |  | 15a. HOUR<br><b>0413</b> |                                  | 16a. DATE<br><b>1/5/19</b>   |  | 17a. DAY<br><b>7</b>  | 18. TYPE OF INCIDENT<br><input type="checkbox"/> CRIME IN PROGRESS<br><input type="checkbox"/> SUSPICIOUS PERSON |   | <input type="checkbox"/> DOMESTIC VIOLENCE<br><input type="checkbox"/> TRAFFIC VIOLATION |   | <input checked="" type="checkbox"/> OTHER (Explain):<br><b>EDP</b> |
| SUSPECT INFORMATION (List only those suspects who were subjects of police use of force):                         |  |                          |                                  |  |  |   |  |   |  | CHECK YES ONLY FOR INJURY/HOSPITAL RESULTING FROM POLICE USE OF FORCE |  |
| 19. Suspect #1 Name (Last, First, M.I.)<br><b>Lowery, J. Keem</b>  |  |                          |                                  | Arrested?<br><b>N</b>  | Charge(s):<br><b>-</b>                                 | Sex<br><b>M</b>   | Race<br><b>BIK</b>   | Age<br><b>27</b>  | Weapon?<br><b>NO</b>   | Injured?<br><b>-</b>  | Hospital?<br><b>Yes</b>  |
| Intoxicated?<br><b>UNK</b>   |  | Other Unusual Condition? |                                  | TYPE OF FORCE USED (Check all that apply):<br><input checked="" type="checkbox"/> Compliance Hold<br><input type="checkbox"/> Chemical/Natural Agent |  | <input checked="" type="checkbox"/> Hands and/or fists<br><input type="checkbox"/> Kicks and/or feet            |  | <input type="checkbox"/> Striking with baton or other object<br><input type="checkbox"/> Canine |  | <input type="checkbox"/> Other Force (Explain):                       |  |
| FIREARMS DISCHARGE: <input type="checkbox"/> Intentional Discharge <input type="checkbox"/> Accidental Discharge |  |                          |                                  | Number of Shots Fired:   |  | Number of Hits:   |  |   |  |   |  |
| 20. Suspect #2 Name (Last, First, M.I.)  |  |                          |                                  | Arrested?  | Charge(s):   | Sex   | Race   | Age   | Weapon?  | Injured?  | Hospital?  |
| Intoxicated?   |  | Other Unusual Condition? |                                  | TYPE OF FORCE USED (Check all that apply):<br><input type="checkbox"/> Compliance Hold<br><input type="checkbox"/> Chemical/Natural Agent            |  | <input type="checkbox"/> Hands and/or fists<br><input type="checkbox"/> Kicks and/or feet                       |  | <input type="checkbox"/> Striking with baton or other object<br><input type="checkbox"/> Canine |  | <input type="checkbox"/> Other Force (Explain):                       |  |
| FIREARMS DISCHARGE: <input type="checkbox"/> Intentional Discharge <input type="checkbox"/> Accidental Discharge |  |                          |                                  | Number of Shots Fired:   |  | Number of Hits:   |  |   |  |   |  |
| 21. Suspect #3 Name (Last, First, M.I.)  |  |                          |                                  | Arrested?  | Charge(s):   | Sex   | Race   | Age   | Weapon?  | Injured?  | Hospital?  |
| Intoxicated?   |  | Other Unusual Condition? |                                  | TYPE OF FORCE USED (Check all that apply):<br><input type="checkbox"/> Compliance Hold<br><input type="checkbox"/> Chemical/Natural Agent            |  | <input type="checkbox"/> Hands and/or fists<br><input type="checkbox"/> Kicks and/or feet                       |  | <input type="checkbox"/> Striking with baton or other object<br><input type="checkbox"/> Canine |  | <input type="checkbox"/> Other Force (Explain):                       |  |
| FIREARMS DISCHARGE: <input type="checkbox"/> Intentional Discharge <input type="checkbox"/> Accidental Discharge |  |                          |                                  | Number of Shots Fired:   |  | Number of Hits:   |  |   |  |   |  |
| LEVEL OF SUSPECT(S) RESISTANCE (Check all that apply):   |  |                          |                                  |  |  |   |  |   |  |   |  |
| Suspect...   |  |                          |                                  | SUSPECT #1   |  | SUSPECT #2  |  | SUSPECT #3  |  |   |  |
| ... Resisted Police Officer control  |  |                          |                                  | ✓  |  |   |  |   |  |   |  |
| ... Physically attacked or threatened Police Officer   |  |                          |                                  | ✓  |  |   |  |   |  |   |  |
| ... Threatened or attacked Police Officer with a blunt object  |  |                          |                                  |  |  |   |  |   |  |   |  |
| ... Threatened or attacked Police Officer with a knife or cutting object   |  |                          |                                  |  |  |   |  |   |  |   |  |
| ... Threatened or attacked Police Officer with a motor vehicle   |  |                          |                                  |  |  |   |  |   |  |   |  |
| ... Threatened Police Officer with a firearm   |  |                          |                                  |  |  |   |  |   |  |   |  |
| ... Fired at Police Officer  |  |                          |                                  |  |  |   |  |   |  |   |  |
| ... Other (Specify):   |  |                          |                                  |  |  |   |  |   |  |   |  |
| OFFICER INFORMATION  |  |                          |                                  |  |  |   |  |   |  |   |  |
| Officer's Name (Last, First, Middle)<br><b>Lucero, Mucio</b>   |  |                          |                                  | I.D. #<br><b>4926</b>  | On- or Off-Duty?<br><b>ON</b>                          | Uniform or Plainclothes?<br><b>Uniform</b>  |  | Officer Injured?<br><b>-</b>  |  | Taken to Hospital?  |  |
| Signature of Officer:<br>     |  |                          |                                  |  |  | Police Officer's Assignment:<br><b>Patrol B3</b>  |  |   |  |   |  |
| Name of Supervisor (Print):<br><b>Chief</b>  |  |                          |                                  |  |  | Supervisor's Signature:<br> |  |   |  | I.D. #<br><b>4121</b>   |  |

|  |  |                                 |                   |  |                             |   |                        |  |   |  |                  |
|--|--|---------------------------------|-------------------|--|-----------------------------|---|------------------------|--|---|--|------------------|
| Paterson Police Department   |  |                                 |                   |  | Municipal Code<br>NJ-001608 |   | USE OF FORCE<br>REPORT |  | 1. FILE CONTROL NUMBER<br>2019-001306                                 |  |                  |
| 2. DATE OF REPORT<br>1-5-19  |  | 3. DAY/W<br>7                   | 4. TIME OF REPORT |  | 5. DIV.<br>Patrol           | 6. DIST.  | 7. UNIT<br>107         |  |   |  |                  |
| 10. TYPE OF CRIME / INCIDENT   |  |                                 | 11. APT. #        | 12. LOCATION OF CRIME / INCIDENT<br>111 Broadway   |                             |   |                        | <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE  |   | 13. TAVERN NUMBER  |                  |
| 14. TIME OF OCCURRENCE<br>0413   |  | 15a. HOUR                       |                   | 16a. DATE<br>1-5-19  |                             | 17a. DAY<br>7   |                        | 18. TYPE OF INCIDENT<br><input type="checkbox"/> CRIME IN PROGRESS <input type="checkbox"/> DOMESTIC VIOLENCE<br><input type="checkbox"/> SUSPICIOUS PERSON <input type="checkbox"/> TRAFFIC VIOLATION |   | <input checked="" type="checkbox"/> OTHER DISPUTE<br><input checked="" type="checkbox"/> OTHER (Explain):<br>EDP |                  |
| SUSPECT INFORMATION (List only those suspects who were subjects of police use of force):                         |  |                                 |                   |  |                             |   |                        |  | CHECK YES ONLY FOR INJURY/HOSPITAL RESULTING FROM POLICE USE OF FORCE |  |                  |
| 19. Suspect #1 Name (Last, First, M.I.)<br>Lowery Jackson  |  |                                 |                   | Arrested?<br>N   | Charge(s):<br>-             | Sex<br>M  | Race<br>Blk            | Age<br>27  | Weapon?<br>NO   | Injured?<br>-  | Hospital?<br>Yes |
| Intoxicated?<br>UNK  |  | Other Unusual Condition?<br>UNK |                   | TYPE OF FORCE USED (Check all that apply):<br><input checked="" type="checkbox"/> Compliance Hold <input checked="" type="checkbox"/> Hands and/or fists<br><input type="checkbox"/> Chemical/Natural Agent <input type="checkbox"/> Kicks and/or feet |                             | <input type="checkbox"/> Striking with baton or other object<br><input type="checkbox"/> Canine |                        | <input type="checkbox"/> Other Force (Explain):  |   |  |                  |
| FIREARMS DISCHARGE: <input type="checkbox"/> Intentional Discharge <input type="checkbox"/> Accidental Discharge |  |                                 |                   | Number of Shots Fired:   |                             | Number of Hits:   |                        |  |   |  |                  |
| 20. Suspect #2 Name (Last, First, M.I.)  |  |                                 |                   | Arrested?  | Charge(s):                  | Sex   | Race                   | Age  | Weapon?   | Injured?   | Hospital?        |
| Intoxicated?   |  | Other Unusual Condition?        |                   | TYPE OF FORCE USED (Check all that apply):<br><input type="checkbox"/> Compliance Hold <input type="checkbox"/> Hands and/or fists<br><input type="checkbox"/> Chemical/Natural Agent <input type="checkbox"/> Kicks and/or feet                       |                             | <input type="checkbox"/> Striking with baton or other object<br><input type="checkbox"/> Canine |                        | <input type="checkbox"/> Other Force (Explain):  |   |  |                  |
| FIREARMS DISCHARGE: <input type="checkbox"/> Intentional Discharge <input type="checkbox"/> Accidental Discharge |  |                                 |                   | Number of Shots Fired:   |                             | Number of Hits:   |                        |  |   |  |                  |
| 21. Suspect #3 Name (Last, First, M.I.)  |  |                                 |                   | Arrested?  | Charge(s):                  | Sex   | Race                   | Age  | Weapon?   | Injured?   | Hospital?        |
| Intoxicated?   |  | Other Unusual Condition?        |                   | TYPE OF FORCE USED (Check all that apply):<br><input type="checkbox"/> Compliance Hold <input type="checkbox"/> Hands and/or fists<br><input type="checkbox"/> Chemical/Natural Agent <input type="checkbox"/> Kicks and/or feet                       |                             | <input type="checkbox"/> Striking with baton or other object<br><input type="checkbox"/> Canine |                        | <input type="checkbox"/> Other Force (Explain):  |   |  |                  |
| FIREARMS DISCHARGE: <input type="checkbox"/> Intentional Discharge <input type="checkbox"/> Accidental Discharge |  |                                 |                   | Number of Shots Fired:   |                             | Number of Hits:   |                        |  |   |  |                  |
| LEVEL OF SUSPECT(S) RESISTANCE (Check all that apply):   |  |                                 |                   |  |                             |   |                        |  |   |  |                  |
| Suspect...   |  |                                 |                   | SUSPECT #1   |                             | SUSPECT #2  |                        | SUSPECT #3   |   |  |                  |
| ...Resisted Police Officer control.  |  |                                 |                   | <input checked="" type="checkbox"/>  |                             |   |                        |  |   |  |                  |
| ...Physically attacked or threatened Police Officer.   |  |                                 |                   | <input checked="" type="checkbox"/>  |                             |   |                        |  |   |  |                  |
| ...Threatened or attacked Police Officer with a blunt object.  |  |                                 |                   |  |                             |   |                        |  |   |  |                  |
| ...Threatened or attacked Police Officer with a knife or cutting object.   |  |                                 |                   |  |                             |   |                        |  |   |  |                  |
| ...Threatened or attacked Police Officer with a motor vehicle.   |  |                                 |                   |  |                             |   |                        |  |   |  |                  |
| ...Threatened Police Officer with a firearm.   |  |                                 |                   |  |                             |   |                        |  |   |  |                  |
| ...Fired at Police Officer   |  |                                 |                   |  |                             |   |                        |  |   |  |                  |
| ... Other (Specify):   |  |                                 |                   |  |                             |   |                        |  |   |  |                  |
| OFFICER INFORMATION  |  |                                 |                   |  |                             |   |                        |  |   |  |                  |
| Officer's Name (Last, First, Middle)<br>Wanamaker Kyle R   |  |                                 |                   | I.D.#<br>4947  | On- or Off-Duty?<br>On      | Uniform or Plainclothes?<br>Uniform   | Officer Injured?<br>-  | Taken to Hospital?<br>-  |   |  |                  |
| Signature of Officer:<br>  |  |                                 |                   |  |                             | Police Officer's Assignment:<br>Patrol B-3  |                        |  |   |  |                  |
| Name of Supervisor (Print):<br>Chief   |  |                                 |                   |  |                             | Supervisor's Signature:<br>   |                        |  |   | I.D.#<br>481   |                  |



|  |  |                          |                           |  |  |   |                        |  |   |   |                   |
|--|--|--------------------------|---------------------------|--|--|---|------------------------|--|---|---|-------------------|
| Waterson Police Department   |  |                          |                           |  | Municipal Code<br>NJ-001608                      |   | USE OF FORCE<br>REPORT |  | 1. FILE CONTROL NUMBER<br>2019-001306                                       |   |                   |
| 2. DATE OF REPORT<br>1-5-19  |  | 3. DAY/W<br>7            | 4. TIME OF REPORT<br>0413 |  | 5. DIV.<br>Patrol                                | 6. DIST.  | 7. UNIT<br>109         |  |   |   |                   |
| 10. TYPE OF CRIME/ INCIDENT<br>EDR   |  |                          |                           | 11. APT.#  | 12. LOCATION OF CRIME / INCIDENT<br>111 Broadway |   |                        |  | <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE |   | 13. TAVERN NUMBER |
| 14. TIME OF OCCURRENCE<br>0413   |  | 15a. HOUR<br>0413        |                           | 16a. DATE<br>1-5-19  |  | 17a. DAY<br>7   |                        | 18. TYPE OF INCIDENT<br><input type="checkbox"/> CRIME IN PROGRESS <input type="checkbox"/> DOMESTIC VIOLENCE<br><input type="checkbox"/> SUSPICIOUS PERSON <input type="checkbox"/> TRAFFIC VIOLATION |   | <input type="checkbox"/> OTHER DISPUTE<br><input checked="" type="checkbox"/> OTHER (Explain):<br>EDR |                   |
| SUSPECT INFORMATION (List only those suspects who were subjects of police use of force): |  |                          |                           |  |  |   |                        |  |   | CHECK YES ONLY FOR INJURY/ HOSPITAL RESULTING FROM POLICE USE OF FORCE                                |                   |
| 19. Suspect #1 Name (Last, First, M.I.)<br>Lowery Jackson                                |  |                          |                           | Arrested?<br>A   | Charge(s):<br>-                                  | Sex<br>M  | Race<br>BLK            | Age<br>27  | Weapon?<br>N/A  | Injured?<br>-   | Hospital?<br>Yes  |
| Intoxicated?   |  | Other Unusual Condition? |                           | TYPE OF FORCE USED (Check all that apply):<br><input type="checkbox"/> Compliance Hold <input type="checkbox"/> Hands and/or fists<br><input type="checkbox"/> Chemical/Natural Agent <input type="checkbox"/> Kicks and/or feet |  | <input type="checkbox"/> Striking with baton or other object<br><input type="checkbox"/> Canine |                        | <input type="checkbox"/> Other Force (Explain):  |   |   |                   |
|  |  |                          |                           | FIREARMS DISCHARGE: <input type="checkbox"/> Intentional Discharge <input type="checkbox"/> Accidental Discharge   |  | Number of Shots Fired:  |                        | Number of Hits:  |   |   |                   |
| 20. Suspect #2 Name (Last, First, M.I.)  |  |                          |                           | Arrested?  | Charge(s):                                       | Sex   | Race                   | Age  | Weapon?   | Injured?  | Hospital?         |
| Intoxicated?   |  | Other Unusual Condition? |                           | TYPE OF FORCE USED (Check all that apply):<br><input type="checkbox"/> Compliance Hold <input type="checkbox"/> Hands and/or fists<br><input type="checkbox"/> Chemical/Natural Agent <input type="checkbox"/> Kicks and/or feet |  | <input type="checkbox"/> Striking with baton or other object<br><input type="checkbox"/> Canine |                        | <input type="checkbox"/> Other Force (Explain):  |   |   |                   |
|  |  |                          |                           | FIREARMS DISCHARGE: <input type="checkbox"/> Intentional Discharge <input type="checkbox"/> Accidental Discharge   |  | Number of Shots Fired:  |                        | Number of Hits:  |   |   |                   |
| 21. Suspect #3 Name (Last, First, M.I.)  |  |                          |                           | Arrested?  | Charge(s):                                       | Sex   | Race                   | Age  | Weapon?   | Injured?  | Hospital?         |
| Intoxicated?   |  | Other Unusual Condition? |                           | TYPE OF FORCE USED (Check all that apply):<br><input type="checkbox"/> Compliance Hold <input type="checkbox"/> Hands and/or fists<br><input type="checkbox"/> Chemical/Natural Agent <input type="checkbox"/> Kicks and/or feet |  | <input type="checkbox"/> Striking with baton or other object<br><input type="checkbox"/> Canine |                        | <input type="checkbox"/> Other Force (Explain):  |   |   |                   |
|  |  |                          |                           | FIREARMS DISCHARGE: <input type="checkbox"/> Intentional Discharge <input type="checkbox"/> Accidental Discharge   |  | Number of Shots Fired:  |                        | Number of Hits:  |   |   |                   |
| LEVEL OF SUSPECT(S) RESISTANCE (Check all that apply):                                   |  |                          |                           |  |  |   |                        |  |   |   |                   |
| Suspect...   |  |                          |                           | SUSPECT #1   |  | SUSPECT #2  |                        | SUSPECT #3   |   |   |                   |
| ... Resisted Police Officer control.   |  |                          |                           | ✓  |  |   |                        |  |   |   |                   |
| ... Physically attacked or threatened Police Officer.                                    |  |                          |                           | ✓  |  |   |                        |  |   |   |                   |
| ... Threatened or attacked Police Officer with a blunt object.                           |  |                          |                           |  |  |   |                        |  |   |   |                   |
| ... Threatened or attacked Police Officer with a knife or cutting object.                |  |                          |                           |  |  |   |                        |  |   |   |                   |
| ... Threatened or attacked Police Officer with a motor vehicle.                          |  |                          |                           |  |  |   |                        |  |   |   |                   |
| ... Threatened Police Officer with a firearm.  |  |                          |                           |  |  |   |                        |  |   |   |                   |
| ... Fired at Police Officer  |  |                          |                           |  |  |   |                        |  |   |   |                   |
| ... Other (Specify):   |  |                          |                           |  |  |   |                        |  |   |   |                   |
| OFFICER INFORMATION  |  |                          |                           |  |  |   |                        |  |   |   |                   |
| Officer's Name (Last, First, Middle)<br>A. Michael                                       |  |                          |                           | I.D. #<br>4581   | On- or Off-Duty?<br>ON                           | Uniform or Plainclothes?<br>U   | Officer Injured?<br>NO | Taken to Hospital?<br>NO   |   |   |                   |
| Signature of Officer:<br><i>[Signature]</i>  |  |                          |                           |  | Police Officer's Assignment:<br>PATROL B3        |   |                        |  |   |   |                   |
| Name of Supervisor (Print):<br>Chief   |  |                          |                           |  | Supervisor's Signature:<br><i>[Signature]</i>    |   |                        |  |   |   | I.D. #<br>6111    |